DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: AURORA RESIDENTIAL ALTERNATIVES INC #032 (0010409)

Address: 798 A WILFRED RD, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 11/05/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

			Survey History
Survey ID: 0095844	End Date: 10/12/2005	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0093445	End Date: 10/11/2004	Type: OTHER	Purpose: OTHER
Results: LICENSE/CERT/REGISTRATION ISSUED			
Survey ID: 0091542	End Date: 11/05/2003	Type: INITIAL	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			

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